

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

DECLARATION

ATTORNEY'S DOCKET NO.
1662/50302

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **POLYMORPHIC FORM OF ATORVASTATIN CALCIUM** the specification of which was filed on November 16, 2000 as U.S. Serial No. 09/714,351.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER

FILING DATE
(day, month, year)

60/166,153


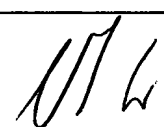
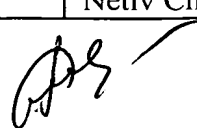
17 November 1999

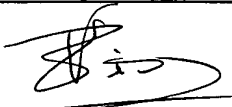
SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

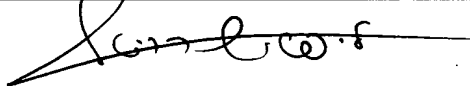
Steven J. Lee
KENYON & KENYON
One Broadway
New York, New York 10004
(212) 425-7200 (phone)
(212) 425-5288 (facsimile)

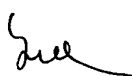
I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or

imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME AYALON	FIRST GIVEN NAME Ari	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Haifa	STATE OR FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS HaAri Street 8	CITY Haifa	STATE & ZIP CODE/COUNTRY Israel
Signature 		Date 12/02/2001	
FULL NAME OF INVENTOR	FAMILY NAME LEVINGER	FIRST GIVEN NAME Michael	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Nofit	STATE OR FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS Rehov Eitanim, P.O. Box 207	CITY Nofit	STATE & ZIP CODE/COUNTRY Israel
Signature 		Date 22/3/01	
FULL NAME OF INVENTOR	FAMILY NAME ROYTBLAT	FIRST GIVEN NAME Sofia	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Haifa	STATE OR FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS Netiv Chen 6	CITY Haifa	STATE & ZIP CODE/COUNTRY Israel
Signature 		Date 12.02.01	

FULL NAME OF INVENTOR	FAMILY NAME NIDDAM	FIRST GIVEN NAME Valerie	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Even-Yeouda	STATE OR FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS 9 Keren Hayessod P.O. 1343	CITY Even-Yeouda 40500	STATE & ZIP CODE/COUNTRY Israel
Signature 		Date 16.1.01	

FULL NAME OF INVENTOR	FAMILY NAME LIFSHITZ	FIRST GIVEN NAME Revital	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Herzilia	STATE OR FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS Kibush Haavoda 12a/8	CITY Herzilia 46322	STATE & ZIP CODE/COUNTRY Israel
Signature 		Date 18.1.01	

FULL NAME OF INVENTOR	FAMILY NAME ARONHIME	FIRST GIVEN NAME Judith	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Rehovot	STATE OR FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS 9/7 Hava Lutzky	CITY Rehovot	STATE & ZIP CODE/COUNTRY Israel
Signature 		Date 16.1.01	